

# PAEA OB-GYN End of Rotation (EOR) Practice Exam (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

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- 1. What is the typical clinical presentation of pelvic inflammatory disease (PID)?**
  - A. Abdominal pain and nausea**
  - B. Pelvic pain, fever, and abnormal discharge**
  - C. Back pain and dysuria**
  - D. Vaginal bleeding and itching**
- 2. What is the most common pelvic mass found in reproductive-age women?**
  - A. Uterine fibroids**
  - B. Ovarian masses**
  - C. Endometriomas**
  - D. Ovarian cysts**
- 3. What is the purpose of the Pap smear?**
  - A. To determine pregnancy status**
  - B. To detect sexually transmitted infections**
  - C. To detect precancerous changes in cervical cells**
  - D. To assess hormonal levels**
- 4. For a follow-up of cervical dysplasia, which diagnostic procedure is most appropriate?**
  - A. Cone biopsy**
  - B. Aspiration needle biopsy**
  - C. Dilation and curettage**
  - D. Colposcopy-directed biopsy**
- 5. What type of menstrual irregularity is common in young teenagers who have just started menstruating?**
  - A. Dysmenorrhea**
  - B. Anovulation**
  - C. PMS**
  - D. Menorrhagia**

- 6. Which condition in pregnant patients is characterized by cervical dilation and bleeding without complete passage of tissue?**
- A. Threatened abortion**
  - B. Incomplete abortion**
  - C. Inevitable abortion**
  - D. Complete abortion**
- 7. A 35-year-old female presents at 11 weeks gestation with vaginal bleeding, abdominal cramping, and a closed cervix. What is the most likely diagnosis?**
- A. Inevitable abortion**
  - B. Incomplete abortion**
  - C. Threatened abortion**
  - D. Missed abortion**
- 8. What is the influence of progesterone on breast tissue prior to menstruation?**
- A. Proliferation of the mammary ducts**
  - B. Growth of the lobules and alveoli**
  - C. Proliferation of Cooper's ligaments**
  - D. Increase in the number of glands of Montgomery**
- 9. At what age should women start cervical cancer screening?**
- A. Age 16**
  - B. Age 21, regardless of sexual history**
  - C. Age 25 for sexually active women**
  - D. Age 30 for all women**
- 10. What is the primary reason for performing a hysterectomy?**
- A. Family planning**
  - B. Endometriosis treatment**
  - C. Uterine cancer**
  - D. Severe fibroid symptoms**

## **Answers**

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1. B
2. D
3. C
4. D
5. B
6. B
7. C
8. B
9. B
10. D

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## **Explanations**

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**1. What is the typical clinical presentation of pelvic inflammatory disease (PID)?**

- A. Abdominal pain and nausea**
- B. Pelvic pain, fever, and abnormal discharge**
- C. Back pain and dysuria**
- D. Vaginal bleeding and itching**

Pelvic inflammatory disease (PID) typically presents with a combination of pelvic pain, fever, and abnormal vaginal discharge. This condition is characterized by an infection of the female reproductive organs, often caused by sexually transmitted infections, and can lead to significant morbidity if not treated promptly. Pelvic pain is usually a hallmark symptom due to inflammation of the pelvic organs. Fever often accompanies the infection as part of the body's immune response. Additionally, abnormal vaginal discharge may occur, which can vary in color and consistency, reflecting the underlying infection. Understanding this presentation is crucial, as PID can lead to severe complications, such as chronic pelvic pain and infertility, if not recognized and treated early. The combination of these symptoms forms the classic clinical picture that healthcare providers look for when diagnosing PID and differentiating it from other conditions involving the reproductive system.

**2. What is the most common pelvic mass found in reproductive-age women?**

- A. Uterine fibroids**
- B. Ovarian masses**
- C. Endometriomas**
- D. Ovarian cysts**

The most common pelvic mass found in reproductive-age women is ovarian cysts. Ovarian cysts are fluid-filled sacs that develop on the ovaries and are particularly prevalent during a woman's reproductive years due to the normal hormonal cycles and the monthly ovulation process. Many women will experience these cysts at some point, and they are usually benign and asymptomatic, often resolving on their own without treatment. In contrast, while other options like uterine fibroids, ovarian masses, and endometriomas do occur in this population, they are not as universally common as ovarian cysts. Uterine fibroids can be prevalent but tend to affect women in their 30s and 40s rather than being a general characteristic of reproductive-age women. Ovarian masses may be present, but they encompass a broader category that includes both benign and malignant conditions, making them less common overall. Endometriomas, associated with endometriosis, are also less prevalent than simple ovarian cysts. Therefore, the prominence and frequency of ovarian cysts in reproductive-age women make them the most common pelvic mass encountered in this demographic.

### 3. What is the purpose of the Pap smear?

- A. To determine pregnancy status
- B. To detect sexually transmitted infections
- C. To detect precancerous changes in cervical cells**
- D. To assess hormonal levels

The purpose of the Pap smear is primarily to detect precancerous changes in cervical cells, which is crucial for cervical cancer screening. This test involves collecting cells from the cervix and examining them for any abnormalities that could indicate the presence of precancerous lesions or cervical cancer. Regular Pap smears can help identify these abnormalities early, allowing for timely intervention and treatment, which can significantly reduce the risk of developing cervical cancer. It is an essential component of women's health care and has been instrumental in decreasing cervical cancer incidence and mortality rates over the years. While determining pregnancy status, assessing hormonal levels, and detecting sexually transmitted infections are important aspects of gynecological care, they are not the primary focus of the Pap smear. The specific aim of this screening tool is to monitor and promote cervical health by identifying potentially harmful changes in cervical cells.

### 4. For a follow-up of cervical dysplasia, which diagnostic procedure is most appropriate?

- A. Cone biopsy
- B. Aspiration needle biopsy
- C. Dilation and curettage
- D. Colposcopy-directed biopsy**

In the context of follow-up for cervical dysplasia, a colposcopy-directed biopsy is the most appropriate diagnostic procedure. Colposcopy allows for a detailed examination of the cervix using magnification and specific lighting to visualize areas of abnormal tissue. During this examination, if suspicious lesions are identified, a biopsy can be performed directly on those areas. This targeted approach helps ensure that the samples taken for histological analysis are more representative of the dysplastic changes present, allowing for accurate assessment and management. Cone biopsy, while a useful procedure for diagnosing and treating cervical dysplasia, is generally undertaken when there is a need for more extensive tissue sampling or treatment rather than simply for follow-up purposes. Aspiration needle biopsy is not typically used for cervical lesions and is better suited for masses in other body parts. Dilation and curettage is primarily utilized for intrauterine issues and is not appropriate for cervical dysplasia follow-up. Therefore, the colposcopy-directed biopsy stands out as the most appropriate choice due to its focused nature and ability to address specific areas of concern effectively.

**5. What type of menstrual irregularity is common in young teenagers who have just started menstruating?**

- A. Dysmenorrhea**
- B. Anovulation**
- C. PMS**
- D. Menorrhagia**

Anovulation is a common menstrual irregularity in young teenagers who have recently started menstruating due to the still-maturing hypothalamic-pituitary-ovarian axis. In the first few years after menarche, many adolescents experience anovulatory cycles, which can lead to irregular periods. During this time, cycles may be infrequent or erratic, and ovulation may not occur regularly. This is a normal part of the physiological transition into a regular menstrual cycle and often resolves as the teenager grows older and the hormonal regulation becomes more stable. Dysmenorrhea, which refers to painful menstruation, can certainly occur in this population, but it is not as directly related to the irregularities of cycle patterns as anovulation is. Premenstrual syndrome (PMS) generally occurs in women who are already cycling regularly, and menorrhagia refers to abnormally heavy menstrual bleeding, which is less common in the early years of menstruation. Therefore, anovulation stands out as the primary menstrual issue associated with young adolescents navigating the start of their menstrual cycles.

**6. Which condition in pregnant patients is characterized by cervical dilation and bleeding without complete passage of tissue?**

- A. Threatened abortion**
- B. Incomplete abortion**
- C. Inevitable abortion**
- D. Complete abortion**

Incomplete abortion is defined as a situation where there has been pregnancy loss resulting in cervical dilation and bleeding, but not all of the pregnancy tissue has been expelled from the uterus. This condition is characterized by the partial passage of fetal tissue, which may lead to continued cramping and heavy bleeding because the remaining tissue can cause ongoing complications or infection. In the case of an incomplete abortion, patients may still show signs and symptoms of pregnancy, and upon examination or imaging, the retained tissue can often be visualized. This differentiates it from other forms of pregnancy loss where the entire contents of the uterus have been expelled or there is no dilation of the cervix present. Other conditions, while they may also involve bleeding and cervical changes, typically represent different stages or complete outcomes of miscarriages. For instance, a threatened abortion indicates that there is a risk of miscarriage with a closed cervix, and a complete abortion signifies that all products of conception have been expelled. In contrast, an inevitable abortion implies that the loss of pregnancy is unavoidable with active bleeding and cervical dilation, but may not necessarily denote the incomplete passage of tissue.

**7. A 35-year-old female presents at 11 weeks gestation with vaginal bleeding, abdominal cramping, and a closed cervix. What is the most likely diagnosis?**

- A. Inevitable abortion**
- B. Incomplete abortion**
- C. Threatened abortion**
- D. Missed abortion**

In a scenario where a patient presents with vaginal bleeding and abdominal cramping during the first trimester of pregnancy, and the cervix is closed, the most likely diagnosis is a threatened abortion. This diagnosis is characterized by the presence of vaginal bleeding and/or abdominal pain while the cervix remains closed and the pregnancy is still viable, as indicated by an absence of significant dilation or expulsion of tissue. The closed cervix suggests that the body has not progressed to a more advanced state of miscarriage, and despite the symptoms, the pregnancy may still be preserved. Patients with a threatened abortion are typically monitored for any changes, such as whether the bleeding persists or if there are complications like a miscarriage. Diagnosis differs from other conditions like an inevitable or incomplete abortion, where there would be either cervical dilation or passage of some fetal tissue, indicating the pregnancy is ending or has already ended. A missed abortion entails a situation where the fetus has died but the products of conception are still retained in the uterus, typically without active bleeding or cramping. Hence, the symptoms presented align most closely with a threatened abortion.

**8. What is the influence of progesterone on breast tissue prior to menstruation?**

- A. Proliferation of the mammary ducts**
- B. Growth of the lobules and alveoli**
- C. Proliferation of Cooper's ligaments**
- D. Increase in the number of glands of Montgomery**

The influence of progesterone on breast tissue prior to menstruation is primarily characterized by the growth of the lobules and alveoli. In the menstrual cycle, progesterone plays a crucial role during the luteal phase, which occurs after ovulation and just before menstruation. This hormone promotes the differentiation of breast tissue, leading to the development of lobular structures and alveoli that are essential for milk production. During this phase, placental and ovarian progesterone prepare the breast for potential lactation by stimulating the formation and maturation of these structures. This is in contrast to the follicular phase, where estrogen predominates and primarily stimulates the proliferation of the mammary ducts and the growth of connective tissues. The other options relate to different aspects of breast tissue changes. While estrogen tends to facilitate the proliferation of the mammary ducts and can impact connective tissues like Cooper's ligaments, progesterone's direct influence is notably on breast lobule and alveolar growth, which is essential for future lactation potential. The increase in the number of glands of Montgomery, which are sebaceous glands in the areola, is not directly influenced by progesterone in the same context as lobule and alveolar development. Thus, growth of the lobules and alveoli accurately

**9. At what age should women start cervical cancer screening?**

- A. Age 16**
- B. Age 21, regardless of sexual history**
- C. Age 25 for sexually active women**
- D. Age 30 for all women**

Cervical cancer screening recommendations suggest that women should start screening at age 21, regardless of their sexual history. This guideline is based on the understanding that cervical cancer is primarily associated with persistent infection with high-risk human papillomavirus (HPV) types, which typically take many years to develop into cancer. Starting screening at this age allows for early detection of precancerous changes without subjecting younger women to unnecessary screening, considering that HPV infections are common in younger populations and often resolve spontaneously. The recommendation is designed to balance the benefits of early detection with the risk of over-treatment for transient HPV infections that are likely to clear on their own. This rationale supports the guideline that all women should begin regular screening by the age of 21, rather than linking the start of screening to sexual initiation or activity. As women age and their risk factors change, additional guidelines become relevant related to the frequency and types of tests performed.

**10. What is the primary reason for performing a hysterectomy?**

- A. Family planning**
- B. Endometriosis treatment**
- C. Uterine cancer**
- D. Severe fibroid symptoms**

The primary reason for performing a hysterectomy is often related to severe symptoms caused by uterine fibroids. Fibroids, which are non-cancerous growths in the uterus, can lead to a variety of debilitating symptoms such as heavy menstrual bleeding, pelvic pain, and pressure symptoms that significantly impact a woman's quality of life. When conservative treatments fail to alleviate these symptoms or when fibroids lead to complications, a hysterectomy may be recommended as a definitive solution. In contrast, while family planning, endometriosis treatment, and a diagnosis of uterine cancer may also necessitate a hysterectomy in certain contexts, they are not the primary indications when considering the broader population of patients undergoing this procedure. Family planning options have expanded with the availability of other contraceptive methods that minimize the need for surgical intervention. Endometriosis can sometimes be managed with hormonal therapy or laparoscopic surgery. Although a hysterectomy may be advised for uterine cancer, the decision to perform this surgery is often guided by the stage and type of cancer, with other treatment options available as well. Thus, the pervasive contribution of severe fibroid symptoms as a compelling reason for hysterectomy makes it the most frequent indication seen in clinical practice.